



Member Name Change

Purpose of the Form

- Use this form to change the name on file for you with PERSI. The name change will apply to both your PERSI Base Plan and Choice Plan 401(k) accounts. Statements, correspondence, tax information, and benefit payments will be sent to the new name.

Instructions

- **Active members** (currently working for a PERSI employer)
Send this form to your employer's payroll clerk to update your name. PERSI receives member name and address information directly from your employer each month.
- **Retired and inactive members** (not currently working for a PERSI employer)
Send this form directly to PERSI.

| Member Information | | | |
|---|---------------------------|--------------------------------------|-------------------------------|
| Former Name (as it appeared on your previous Social Security card) | | | Social Security Number |
| First | Middle | Last | |
| New Name (as it appears on your new Social Security card) | | | Social Security Number |
| First | Middle | Last | |
| Mailing Address | Street or P.O. Box | | |
| | City | State | Zip Code |
| Daytime Phone Number | | Effective Date of Name Change | |
| Area Code | Phone Number | Month | Day Year |

| Member Certification | |
|---|-------------|
| Signature | Date |
| Note: If you are unable to sign the form, PERSI will accept the signature of a designated power of attorney. However, PERSI must have the <i>PERSI Durable Power of Attorney</i> (RS113) on file authorizing the designee to sign for you. | |

Employer Payroll Clerk

- **Electronic reporting**
Update your own records and forward the new information to PERSI by means of your *Transmittal Report of Employee Deductions* **only**. Do **not** send this form to PERSI.
- **Paper reporting**
Update your own records and send this form to PERSI.

